

RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for Head Injury Administration provided by staff based upon a time-accounting system; expense and equipment costs necessary to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75%. Changes in or interpretation of federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
2. Reimburse DOH the Title XIX federal share of actual and reasonable costs for Research services provided by staff based upon a time-accounting system; expense and equipment costs, necessary administrative (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in the Mutual Objectives and Respective Responsibilities section of this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in or interpretation of federal regulation 42 CFR 432.50 affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
3. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred by Electronic Data Processing for their provision of data necessary for the coordination, identification and effective case planning for the target population.
4. Provide DOH access to the information necessary to properly provide Head Injury Service Administration.
5. Meet and consult on a regular basis, at least quarterly, with DOH on issues related to this agreement.

DOH agrees to:

1. Employ all necessary and appropriate administrative staff, Nursing staff, Medical Social Worker and other professional staff contingent on appropriation authority.
2. Provide linkage of Data systems for coordination identification and effective case planning for the target population. The goal of this linkage is to monitor utilization, access, evaluation and program integrity.
3. Provide Head Injury Administration to assess the necessity for and adequacy of medical care and services provided, and act as liaison with multiple disciplines on the medical aspects of the program. Activities include:
 - A. OUTREACH: Will assist in identifying possible Medicaid eligibles and referring them to the Division of Family Services for eligibility determination.
 - B. SERVICE COORDINATION: Assistance will be provided to the clients/families in establishing a medical care home, and making appointments for:

- 1) Appropriate primary care and screening services.
 - 2) Evaluations and treatment services identified as medically necessary and if necessary prior authorized.
- C. SERVICE (CASE) PLANNING: This activity includes the development of interdisciplinary/multidisciplinary teams and plans for coordinating medical services required for the participant.
- D. SERVICE IDENTIFICATION: This activity includes following evaluations and case planning when there is a need for the identification of the kind, amount, intensity, and duration of the needed service goals.
- E. SERVICE MONITORING: This would include reviewing the service plan but is not limited to the review of the provider's documentation of the client's progress at the time of the Service Plan Review.
- F. CASE CLOSURE, REFERRAL, AND REALIGNMENT OF SERVICE PLAN:
These services include the assurances:
- 1) The Head Injury Program will act as a liaison in the due process for the recipient and his/her family.
 - 2) That the participant will be maintained by a primary health care provider who will aid the family/participant in accessing services.
4. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.
 5. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Health.
 6. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DOH.
 7. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, and coordination.
 8. DOH will seek General Revenue appropriations to provide the state match for the federal matching share for those Head Injury services provided to Head Injury Program participants.
 9. Meet and consult on a regular basis, at least quarterly, with DSS on issues arising out of this agreement.
 10. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters.

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PROGRAM DESCRIPTION

Head Injury administration are activities for the efficient operation of the state plan. These activities are in the nature of aiding the Head Injured individual gain eligibility, access services, and follow-up on referrals to additional medical providers. This includes establishing a health care home; developing a service plan, following through on the treatment plan and aiding the family/participant in becoming able to meet the participant's needs in such a way that they are able to function at an optimal level with less intervention.

Head Injury administration is committed to the least restrictive method of treatment for participants and will maintain this as a priority.

PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the respective departments or their designees and an equal number of other persons from their respective divisions chosen by the Directors shall meet at least quarterly for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. These activities shall include consideration of:

1. The evaluation of policies, duties and responsibilities of each agency.
2. Arrangements for periodic review of the agreements and for joint planning for changes in the agreements.
3. Arrangements for continuous liaison between the divisions and departments and designated staff responsibility for liaison activities at both the state and local levels.

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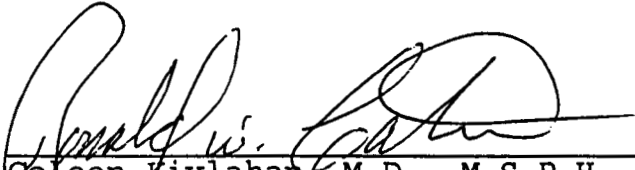
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TERMS OF THIS AGREEMENT

The effective date of this Cooperative Agreement shall be from January 1, 1996. This agreement may be cancelled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party, provided, however that reimbursement shall be made for the period when the contract is in effect.


Coleen Kivlahan, M.D., M.S.P.H.
for Director, Department of Health

12/9/96
Date


Gary J. Stangler
Director, Department of Social Services

12/12/96
Date

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Expected expenditure for staff of Head Injury Program

Staff of Head Injury Program include the following:

Angela Ford, R.N., Chief
John Blass, CSW, Columbia Area Office
Precious Wilson-Cox, CSW, St. Louis, Eastern District

Staff provides the following services:

1. identify possible Medicaid eligible individuals referred to the Head Injury program,
2. refer to the Division of Family Services for Medicaid eligibility determination,
3. assist clients/families in establishing a medical care home,
4. make appointments for appropriate primary care, refer to appropriate resources to receive services stated on the treatment plan.
5. discuss evaluations and treatment recommendations with client/family,
6. approve prior authorizations for services requested,
7. develop an individualized client/family plan,
8. establish interdisciplinary/multidisciplinary teams and plans for coordination of medical services,
9. follow evaluations and case planning to identify needed service goals,
10. monitor documentation of staff and providers ensuring plan relates to services client is receiving and states progress,
11. provide transition to related agencies upon closure from the Head Injury program.

Projected expenditure for staff reimbursement for Medicaid Case Management activities:

CSW (2) activities----\$2398/month
RN (1) activity-----\$2446/month

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Current Caseload:

St. Louis area: St. Louis, Franklin, Jefferson, and Lincoln counties--total 47 active clients with 33 Medicaid recipients and 9 cases pending.

Columbia area: remaining counties within the pilot area, (refer to attached brochure), total 63 active clients with 25 Medicaid recipients and 3 cases pending.

Future Growth:

It is anticipated that the Head Injury Program will grow throughout the next year to include four additional case managers: 1 in Springfield, 2 in Kansas City, and 1 additional case manager in St. Louis. Case managers will be clinical social workers or nurses.

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COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
The School of the Osage R-II

EPSDT ADMINISTRATIVE CASE MANAGEMENT through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the School of the Osage R-II, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by the School of the Osage R-II has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the School of the Osage R-II.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the School of the Osage R-II has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the School of the Osage R-II in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the School of the Osage R-II for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the School of the Osage R-II as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the School of the Osage R-II enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the School of the Osage R-II's boundaries and which are currently included in the Title XIX State Plan.

Substitute per letter dated 3/21/97

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I
MUTUAL OBJECTIVES

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.
8. Administrative claims under this agreement shall not duplicate other claims for Medicaid services or administrative activities.

II
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School of the Osage R-II the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the

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matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School of the Osage R-II.
4. Provide initial training and technical assistance to staff of the School of the Osage R-II regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating school districts on an annual basis.
6. Provide necessary consultation to the School of the Osage R-II on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The School of the Osage R-II agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The School of the Osage R-II shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.
 - a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.
 - b. Outreach Activities:
 - (1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSDT program;

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Attachment 4.16-72

- (2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSDT services for children under the age of 21; and
- (3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

c. Coordination of HCY/EPSDT Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSDT/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSDT screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);
- (2) identifying and providing assistance for medically necessary and educationally relevant services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
- (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in

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